

HOUSTON POLICE DEPARTMENT  
MISSING PERSON REPORT

73-3353

RECEIVED BY <b>Garcia</b>	<input type="checkbox"/> ADULT <input checked="" type="checkbox"/> JUVENILE	<input type="checkbox"/> MISSING <input checked="" type="checkbox"/> RUNAWAY	<input type="checkbox"/> LOST	74 P.B. NO.	OFFENSE
DATE AND TIME RECEIVED <b>2-8-71 11PM</b>	RESIDENCE ADDRESS <b>90 1/2 Tulane</b>			FO	RE. <b>217360</b>
DATE AND TIME MISSING PERSON LEFT HOME <b>1-30-71 2PM</b>	LOCATION LAST SEEN			DATE, TIME LAST SEEN	

MISSING PERSON'S NAME <b>WALDROP, DONALD EDWARD</b>			NICKNAME		
FIRST OR MAIDEN NAME <b>@ EDWARD</b>					

DESCRIPTION OF MISSING PERSON	SEX <b>M</b>	DESCENT <b>W</b>	AGE <b>15</b>	HEIGHT <b>5'4"</b>	WEIGHT <b>115</b>	HAIR <b>long bwn</b>	EYES <b>blue</b>	BUILD <b>slim</b>	COMPLEX. <b>fair</b>
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IDENTIFYING MARKS AND CHARACTERISTICS  
**scar over r. eyebrow**

OTHER THING WORN (NAME OF GARMENT - COLOR - DESCRIPTION) (INCLUDE DESCRIPTION OF JEWELRY AND LUGGAGE CARRIED)  
**bwn trousers, green long sleeve shirt**

PLACE - DATE - TIME PERSON LOCATED			LOCATED BY (PERSON OR AGENCY)		
BIRTH PLACE <b>Atlanta, Ga.</b>	BIRTH DATE <b>8-15-55</b>	MARITAL STATUS (MARRIED - SINGLE - DIVORCED) <b>single</b>	MENTAL CONDITION (GOOD - POOR - ETC.) <b>gh</b>		
OCCUPATION <b>Construction</b>	RELIGION <b>Baptist</b>		SCHOOL (NAME & LOCATION)		GRADE <b>none</b>
POSSIBLE CAUSE OF ABSENCE <b>going to Larry Murphys house, 631 12th</b>		PROBABLE DESTINATION		FORMER ADDRESS OF MISSING PERSON	
PERSONAL HABITS (HVVY. DRINKER, GAMBLER) <b>smokes</b>		REPORTED MISSING BEFORE	DATE	WHERE LOCATED ON PRIOR OCCASION	
		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		

VEHICLE DRIVEN (YEAR - MAKE - BODY TYPE - COLOR(S) - LICENSE NUMBER - IDENTIFYING CHARACTERISTICS)  
**on foot**

PERSON LAST SEEING MISSING PERSON	RESIDENCE ADDRESS	PHONE	RELATIONSHIP
PERSON REPORTING ABSENCE TO POLICE <b>Everett &amp; Mary Waldrop</b>	RESIDENCE ADDRESS <b>Same</b>	PHONE <b>none</b>	RELATIONSHIP <b>parents</b>
PARENTS OR GUARDIANS (JUVENILE ONLY)	RESIDENCE ADDRESS	PHONE	RELATIONSHIP
RELATIVES AND FRIENDS	RESIDENCE ADDRESS	PHONE	RELATIONSHIP

MESSAGE NO. <b>1443</b>	DATE AND TIME <b>2-8-71</b>	BY <b>lgarcia</b>	MESSAGE CANC. BY	DATE & TIME
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CONSTRUCT CIRCUMSTANCES OF DISAPPEARANCE  
Parents came to 3881 & stated that subj. & his brother, Jerry Lynn Waldrop Wm/13 were dropped off at the above loc. & have not been seen since. Parents think that the subj.s are at Hwy. 281, 5130 3079, add. unknown where one of the boys was supposed to have phone a call from. At this phone a sportee, & it is to call a house, so they will go out. Reported that since is a non-normal & perhaps had

SEARCHED INDEXED SERIALIZED FILED  
MAR 1 1971  
FBI - HOUSTON

SUPPLEMENTARY OFFENSE REPORT

SERIAL NO.

OFFENSE RUNAWAY OFFENSE CHANGED TO	Name of Complainant DONALD E. AND WALDROP
LOCATION 901 1/2 TULANE	Address 901 1/2 TULANE
	Date of Offense 2-8-71

DETAILS OF OFFENSE, PROGRESS OF INVESTIGATION, ETC.

1:00 Am 2-18-71

AT THE ABOVE TIME AND DATE THE REPORTEE CAME TO JUVENILE DIV. WITH ADDITIONAL INFORMATION ON THE ABOVE. OFFICER CHECKED ID AND LOCATED RAP SHEET ON THE SUBJECT WITH WHOM THE COMP IN THIS CASE IS SUPPOSED TO BE RESIDING. OFFICERS ALSO CHECKED WARRENTS AND FOUND 3 OUTSTANDING WARPANTS FOR TRAFFIC ON THE SUBJECT LISTED BELOW. OFFICERS ALSO CHECKED WITH THE PHONE CO. FOR A LISTING AND FOUND A NEW LISTING FOR A DONALD AMES AT 1510 W. 43RD. OFFICERS CHECKED THE ABOVE ADDRESS AND TALKED TO MRS AMES WHO STATED THAT HER HUSBAND WAS NOT RELATED TO AND HAD NO KNOWLEDGE OF THE BELOW SUBJECT. OFFICERS WHILE AT THE ABOVE ADDRESS NOTICED A FORD STATION WAGON PARKED NEXT TO THE ABOVE ADDRESS AND CHECKED THIS VEHICLE AS IT WAS OCCUPIED. OFFICERS FOUND THE VEHICLE TO BE OCCUPIED BY THE REPORTEE WHO WAS INTOXICATED AT THIS TIME. OFFICERS THEN ADVISED THE REPORTEE TO RETURN HOME, AND THAT SHE WOULD BE NOTIFIED IF HER SONS WERE LOCATED.

OFFICERS P.W. STPICKI AND # 2402 & M.N. LUZAICH # 1603 THEN PROCEEDED TO 2315 PORTSMOUTH WHICH ADDRESS WAS ON THE TRAFFIC WARRANT OF ROY CLIFFORD AMES. UPON ARRIVAL OFFICERS FOUND THIS TO BE THE BUSINESS ADDRESS OF PIERRE COOK & ASSOCIATES, PHOTOGRAPHERS. THIS ADDRESS WAS ON ALL 3 OF THE SUBJECTS TRAFFIC WARRANTS ALL ISSUED AT DIFFERENT DATES AND OFFICERS RECALLED THAT THIS SUBJECT GIVES HE EMPLOYMENT AS PHOTOGRAPHER. OFFICERS ALSO CHECKED THE SUBJECT RAP SHEET ATTACHED AND FOUND THAT THE SUBJECTS BROTHER LISTED AS BEING NAMED RAYMOND NOT DONALD, OFFICERS FEEL THAT THE REPORTEE WAS MISINFORMED AS TO THE NAME OF ANY # 2 SUBJECT. HOWEVER OFFICERS FEEL, DUE TO THE CONNECTION OF THE BELOW SUBJECT WITH PHOTOGRAPHY AND OFFENSES OF THE NATURE ALUDED TO IN THE RUNAWAY REPORT THAT A UNIT SHOULD CHECK 2315 PORTSMOUTH DURING NORMAL WORKING HOURS FOR POSS EMPLOYMENT OR RECORD OF EMPLOYMENT OF THE SUBJECT WITH THIS CO.

ROY CLIFFORD AMES (WM)(31) HPD# 134752 ADDRESS UNK

CONVICTION.....

<input type="checkbox"/> INACTIVE (NOT CLEARED) <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> CASE DECLARED	<input type="checkbox"/> INACTIVE (NOT CLEARED) <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> CLEARED BY ARREST
J.A. MILLER PGT DATE 2-18-71	Chief of Investigating Officer

SUPPLEMENTARY OFFENSE REPORT

SERIAL NO.

56  
MURRAY AY  
CASE CHANGED TO  
ON 9041 TULANE

Name of Complainant  
DONALD EDWARD WALDRIP  
Address  
Date of Offense 2-8 19 71

DETAILS OF OFFENSE, PROGRESS OF INVESTIGATION, ETC.

2-18-71 9AM Went to 2315 Portsmouth & talked to Owner Pierre Cook who stated that he did not know the Amcs subject but that he is always getting bills & mail for this subject. HASTINGS

5-71 Unable to contact Mother by Phone. Case will be INACTIVE until information is rec....FAMMS

ACTIVE

INACTIVE (NOT CLEARED)   
CLEARED BY ARREST   
UNFOUNDED   
Investigating Officer \_\_\_\_\_  
PAGE NO \_\_\_\_\_  
LARGE NO \_\_\_\_\_

INACTIVE (NOT CLEARED)   
UNFOUNDED   
CLEARED BY ARREST   
CASE DECLARED \_\_\_\_\_  
SIGNED \_\_\_\_\_  
Chief or Commanding Officer \_\_\_\_\_  
DATE \_\_\_\_\_

4-21-71 8:10PM

Dear Pat,

The mother of: Donald Wayne Waldrop 15  
Jerry Lynn Waldrop 13

called and stated that she had rec'd a form letter inquiring if her sons had been located, and she stated that the boys were still missing, and that she had not heard from them since they left...she stated that she still wants the boys picked up if possible....

I could not locate the files.....Sparks

#13 4500 Silverbell,

#14

73-3353

73-3354

- ✓ (1) Blue & white striped short-sleeved shirt, size 16, Kaynee, tapered
- ✓ (2) Maroon & white stripes long trousers & built-in belt: - 27 1/2 in from crotch to heel.
- ✓ (3) 2 maroon-purple ankle-length socks & single white stripe at ankle length, 8 inches length - toe to heel.
- ✓ (4) Leather belt - 26 inches from hole to where buckle was kept, - there was a buckle & single prong.
- ✓ (5) Christmas tree green shirt
- ✓ (6) Brown socks - 11 inches toe to heel.
- ✓ (7) Charcoal brown trousers - 26 in crotch to heel, with wide leather belt & silver hand stamped buckle
- (8) 2 prs. low cut shoes.  
(related light wearing shoes)  
(1) dark brown loafers 11 1/2 in in length labeled on side & Goodyear Wingfoot. (Not very worn)  
(2) Black loafers - 11 1/2 in in length heels well worn

3347

994.7  
E963

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

STATE OF TEXAS			CERTIFICATE OF DEATH			STATE FILE NO.						
1. PLACE OF DEATH a. COUNTY <b>HARRIS</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a.) a. STATE <b>TEXAS</b> b. COUNTY <b>HARRIS</b>									
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Houston</b>		c. LENGTH OF STAY in 1 b.		c. CITY OR TOWN (If outside city limits, give precinct no.) <b>Houston</b>								
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>4500 Silver Bell - Stall #11</b>			d. STREET ADDRESS (If rural, give location) <b>904 Tulane</b>									
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) [a] First <b>DONALD</b> [b] Middle <b>WAYNE</b> [c] Last <b>WALDROP</b>			4. DATE OF DEATH <b>August 9, 1973 (found)</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>August 15, 1955</b>		9. AGE (In years last birthday) <b>17</b>		IF UNDER 1 YEAR Months Days Hours Minutes		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>School</b>			11. BIRTHPLACE (State or foreign country) <b>Georgia</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13. FATHER'S NAME <b>Everett Waldrop</b>			14. MOTHER'S MAIDEN NAME <b>Mary Hendrix</b>			17. INFORMANT <b>LOUIS JONES FUNERAL HOME Alpharetta, Georgia</b>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. ---		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Asphyxia due to strangulation.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <b>Strangled.</b>									
20c. TIME OF INJURY <b>UNK</b> a.m. p.m. <b>8 9 73</b>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <b>4500 Silver Bell-Stall/ Houston Harris Texas</b>			20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Houston Harris Texas</b>			
21. I hereby certify that I attended the deceased from <b>from autopsy findings</b> on <b>8-9-73</b> at <b>found</b> to <b>found</b> on the date stated above, and to the best of my knowledge, from the causes stated.			22a. SIGNATURE <b>Joseph A. Jachimezyk, MD.</b>			22b. ADDRESS <b>209 Courthouse Houston, Texas</b>			22c. DATE SIGNED <b>8-15-73</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>			23b. DATE <b>August 14, 1973</b>			23c. NAME OF CEMETERY OR CREMATORY						
23d. LOCATION (City, town, or county)			24. FUNERAL DIRECTOR'S SIGNATURE <b>HEIGHTS FUNERAL HOME</b>			25c. REGISTRAR'S SIGNATURE						
25a. REGISTRAR'S FILE NO.			25b. DATE REC'D BY LOCAL REGISTRAR									

VS-112, REV. 1/58